Application or Docket Number												per	
PARTY ADDITION FEE DETERMINATION RECORD												i	
Effective October 1, 2003 10 69 681											1		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)								SMALL ENTITY TYPE OR			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			G				- 1	RATE		FEE		RATE	FEE
FOR			NUMBER FILEO		NUMBER EXTRA			BASIC F	EE .	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			6 minus 20=		• /			XS 9			OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		• /			X43=		OR	X86=		
MU	TIPLE DEPEN	DENT CLAIM PR	ESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA			OR	TOTAL	טדך
	CI			-		,	OTHER	THAN					
		Ł	SMAI	L E	NTITY	OR	SMALL	NTITY					
٧		(Column 1) CLAIMS REMAINING		HIGH		PRESENT				ADDI-		RATE	ADDI- TIONAL
		AFTER		PREVI	DUSLY	EXTRA		RATI	· '	FEE		PATE	FEE /
AMENDMENT	Total	AMENDMENT	Minus	**	. J	= /		X\$ 9	=		OR	X\$18=	
MEN	Independent	• 2	Minus	***	,	= /]	X43:	7	/	OR	X86=	
Ā	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	T CLAIM	<u> </u>			十	/		+290=	/
								+145	i_	/	OR	TOTAL	
6	2/18/06							ADDIT, FEE OR ADDIT, FEE					
	1001	(Column 1)	,		mn 2) HEST	(Column 3	ኒ .						4881
8		CLAIMS REMAINING		NUA	ABER	PRESENT	1	RAT		ADDI- TIONAL		RATE	ADDI- TIONAL
EN		AFTER AMENDMENT			FOR	EXTRA	4			FEE			FEE
MO	Total	· 15	Minus	** () 0	. Ø	4	X\$ 9	-		OR	X\$18=	9
AMENDMENT	Independent	. 2	Minus	***	3	1. W	4	X43	-		OR	X86≃	D
<u> </u> _	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						ı	+145	_		OR	+290=	
								TO ADDIT	AL		OR	TOTAL ADDIT, FEE	0
									æ -		• .	ADDIT. I CL	7
		(Column 1)	T	HIG	HEST	(Cotumn 3	ή .	_	_	ADDI-	1		ADDI-
0	`	REMAINING AFTER			ABEA HOUSLY	PRESENT	1	RAT	Ε .	TIONAL	1	RATE	TIONAL
Ē		AMENDMENT			FOR		┨			FEE	•		FEE
Į	Total	•	eunSM	-		*	4	X\$ 9	=		OR	X\$18∓	
AMENDMENT	independent		Minus	***		=	4	X43			OR	X86=	
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	PENDEN	IT.CLAIN		L	+145			OR	+290=	
the entry in column 1 is less than the entry in column 2, write 'V' in column 3.												TOTAL	1
** If the 'Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20. ADDIT, FEE													
1	The "Highest Nu	mber Previousty Pa	id For (Total o	a Indepen	ident) is th	e highest num	ber t	cuand its Ch	e expp	repriate be	x in c	otumn 1.	

FORM PTO-875 (Rev. 10/03)

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